



# MHS DQ Management Control Program



## DATA QUALITY MANAGEMENT CONTROL PROGRAM (DQMCP)

Data Quality Training Course  
*(13 February 2007)*



# MHS DQ Management Control Program - **Purpose**



- To provide an overview/update on the Data Quality Management Control (DQMC) Program in the MHS for FY2006 to MHS Data Quality Management personnel
- Review current month's (Nov 06) Reporting

***Implementation 1 Dec 00  
(FY01)***



# MHS DQ Management Control Program



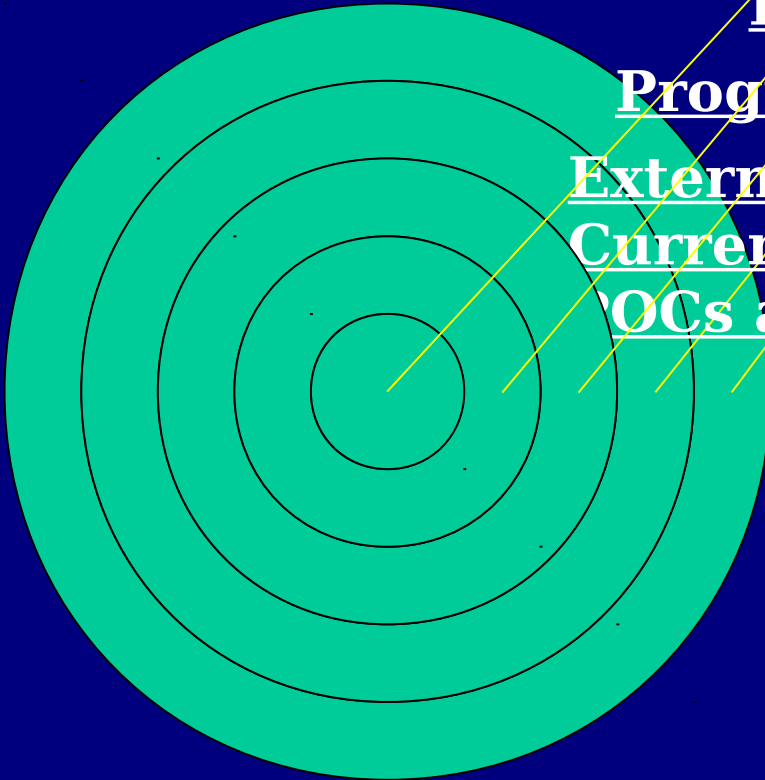
- **Department of Veterans Affairs (VA) FY 2005 Performance and Accountability Report, 15 November 2005**

**“VA’s ability to accomplish its mission is dependent on the quality of its data. Each day, VA employees use data to make decisions that affect America’s veterans. In delivering medical care, processing benefits, and providing burial services, data accuracy and reliability are paramount. Each program office has initiated specific actions to improve data quality to better support business planning and day-to-day decision-making. In addition, the Office of the Inspector General (OIG) has conducted audits to determine the accuracy of our data. We consider OIG reviews to be independent and objective...describes in detail the actions each VA administration has taken to improve its data quality.”**



# Overview

- **This Morning...**
  - Data Quality Concepts
  - Background
  - Program and Metrics
  - External Audits
  - Current Status/Updates
  - QOCs and Resources





# Data Quality Concepts

- Attributes...

**Timeliness**

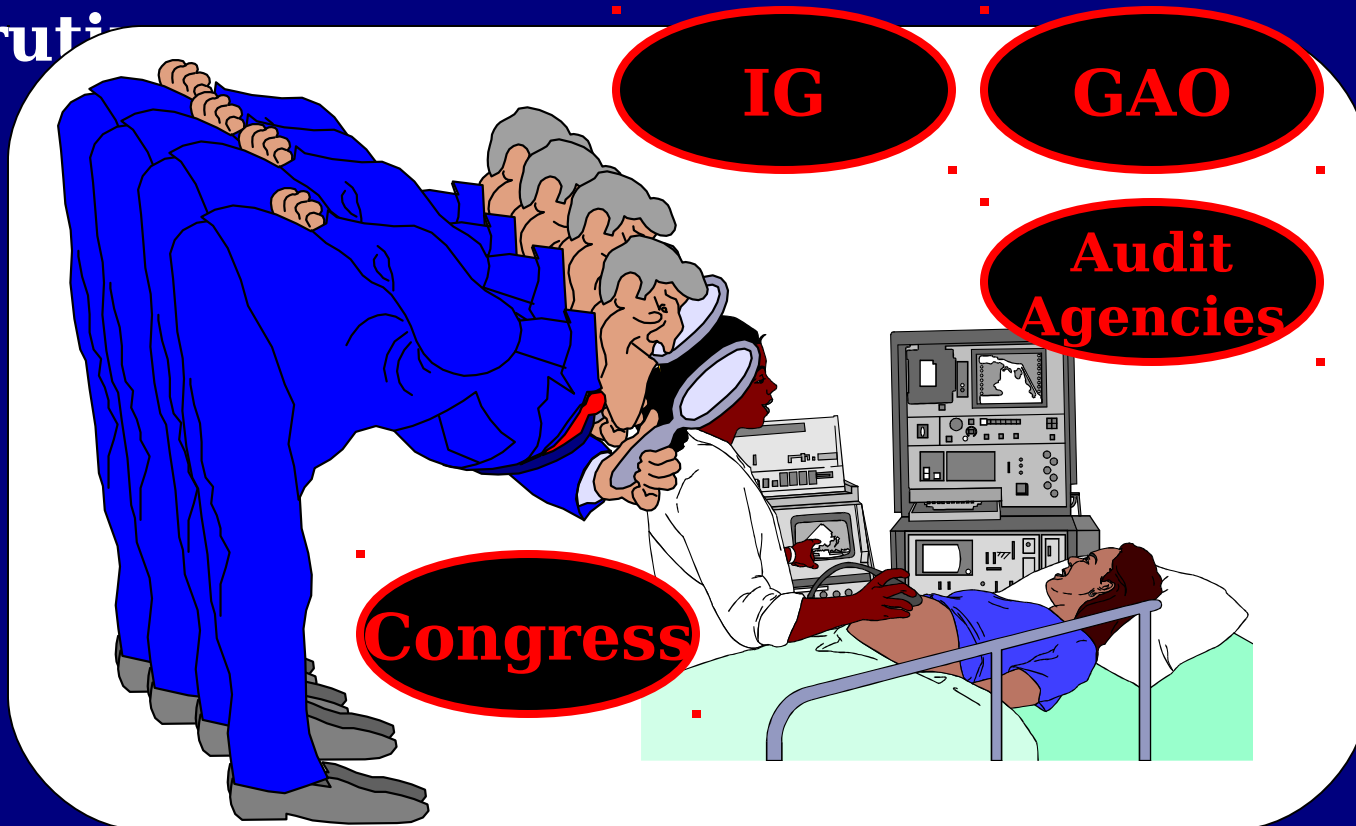
**Accuracy**

**Consistency Completeness**



# Why Worry about Data Quality?

One reason is external scrutiny





# Problems with Information Technology

- Typically, Data Quality is formulated as an IT problem..
  - Some of our problems with data quality can be attributed to problems with Information Technology (IT).
  - Examples:
    - Errors in transmission of data.
    - Errors in processing data.
    - Unsynchronized databases.
- But...
  - The most difficult problems we face with data quality are not directly attributable to IT, nor readily fixed by IT solutions.



# **Non-Technological Problems**

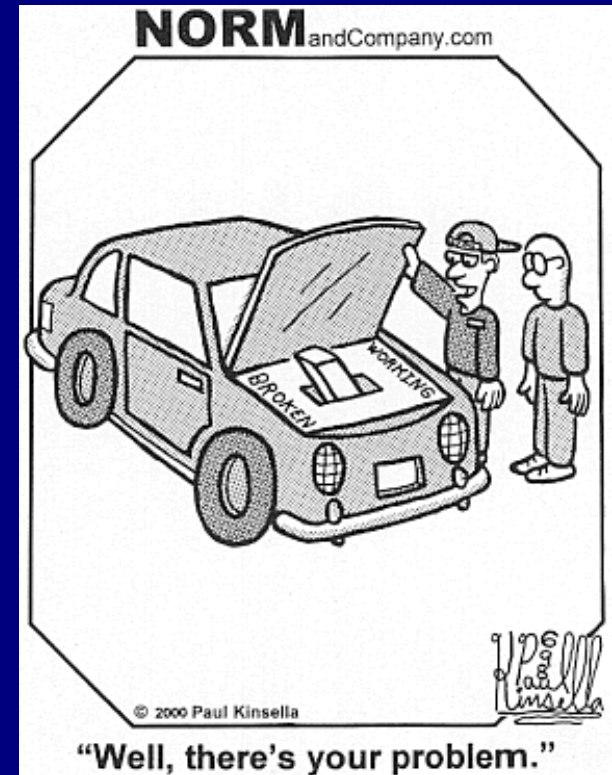
- **Just a few examples of non-IT problems causing problems with data quality...**
  - **Lack of standardized business rules and policies.**
  - **Inconsistent choices of codes, weights, and algorithms.**
  - **Lack of adequate training and education.**
  - **Lack of adequate local data quality assurance.**
  - **Failure to set and enforce tough performance expectations about data quality.**





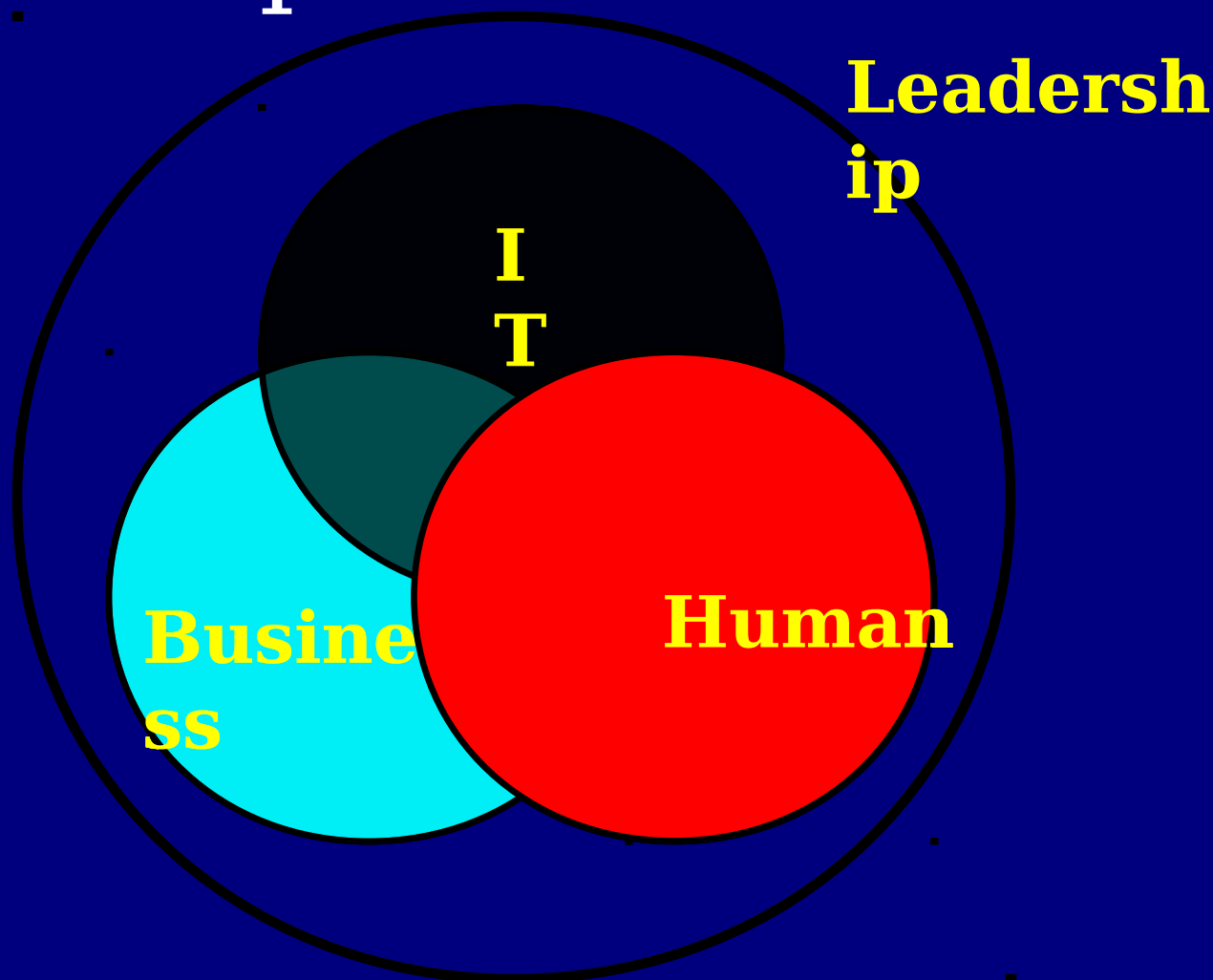
# Why is this Important?

- **Consequences of an incorrect diagnosis or an overly simplistic formulation of the problem...**
  - **Treat only part of the problem.**
  - **Don't treat serious problems that need fixing.**
  - **Responsibility, accountability, resources in the wrong places.**





# Complex Paradigm for a Complex Problem



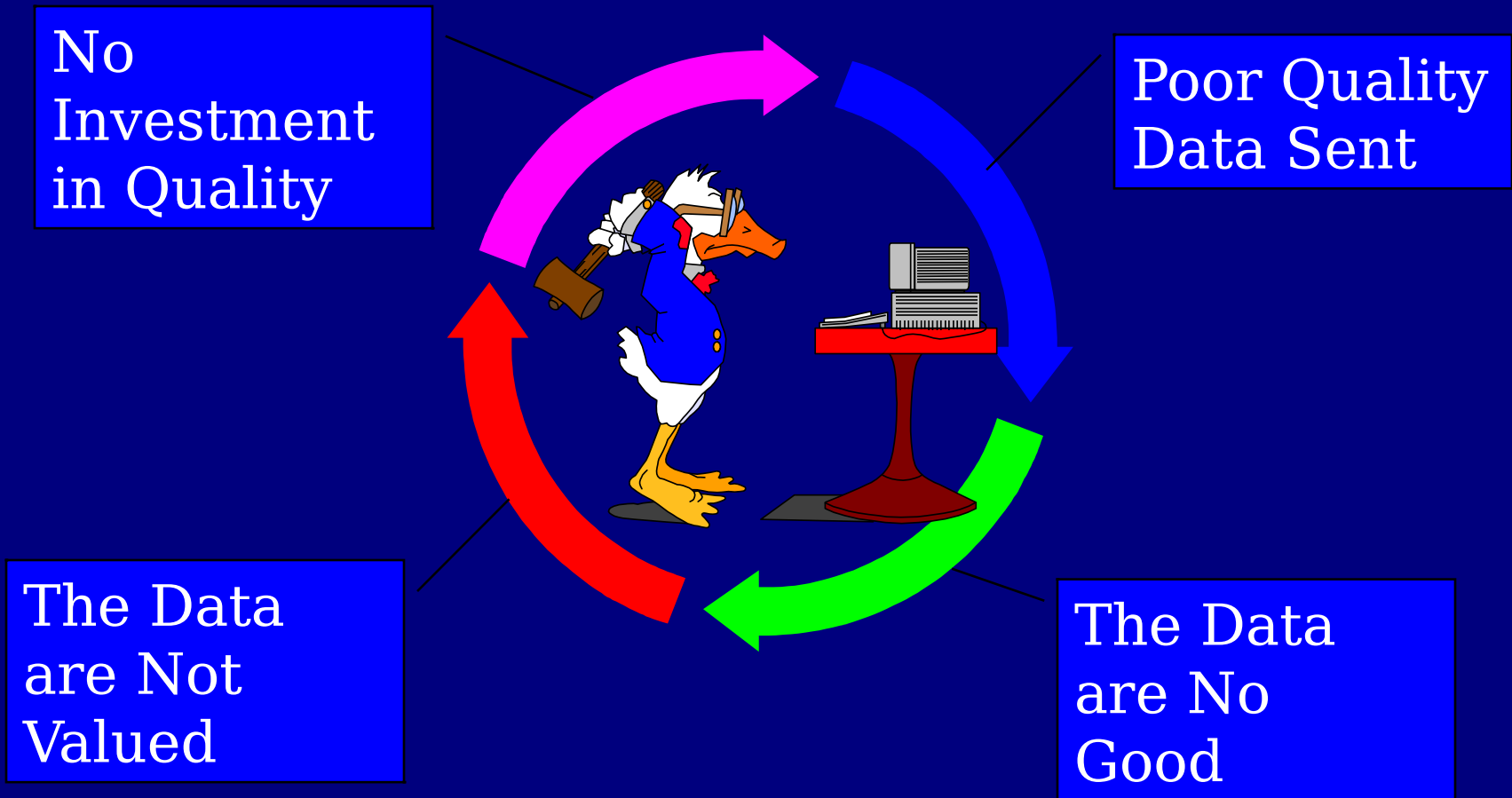


# **Establish Leadership Emphasis**

- **Extremely important in establishing good data quality...**
  - **Data quality must matter to commanders at all levels.**
    - **Establish and enforce performance expectations.**
    - **Must emphasize Data as Fundamental Business Bookkeeping.**



# Locked in a Vicious Circle





# Business/IM Relationship

- We need to know our business before we can automate our business...
  - Program Management Office
    - Enrollment & Patient Appointing.
    - Managerial Cost Accounting.
    - Uniform Business Office and Third Party Collections.
  - Information Management
    - Defines Integrated Set of Requirements.
  - Standardization.
    - Business Rules and Practices.
    - Design and Use of Systems and Data.



# Training and Education

- Our people have to understand both the business and the technology...
  - Data Quality Training Course.
    - Aimed at data quality managers and others.
  - Education: Quality data requires more than training data-entry personnel
    - MEPRS Application & Data Improvement (MADI)
    - Working Information Systems to Determine Optimal Management (WISDOM)
    - Physicians and Coding.



# Solutions-Feedback

- **To effectively fix data problems, Commanders and users need reasonable feedback...**
  - **Metrics: Fast feedback to Commanders about the quality of their data.**
  - **Rapid availability of data for use.**



# Information Technology

- **Complete redesign of Corporate Information Systems.**
  - Synchronization of databases.
  - Consistent engineering of data paths from source to central repository.
  - Quality control built into data flow.
- **Redesign of user interfaces.**
- **Elimination of Human Interfaces between Systems.**



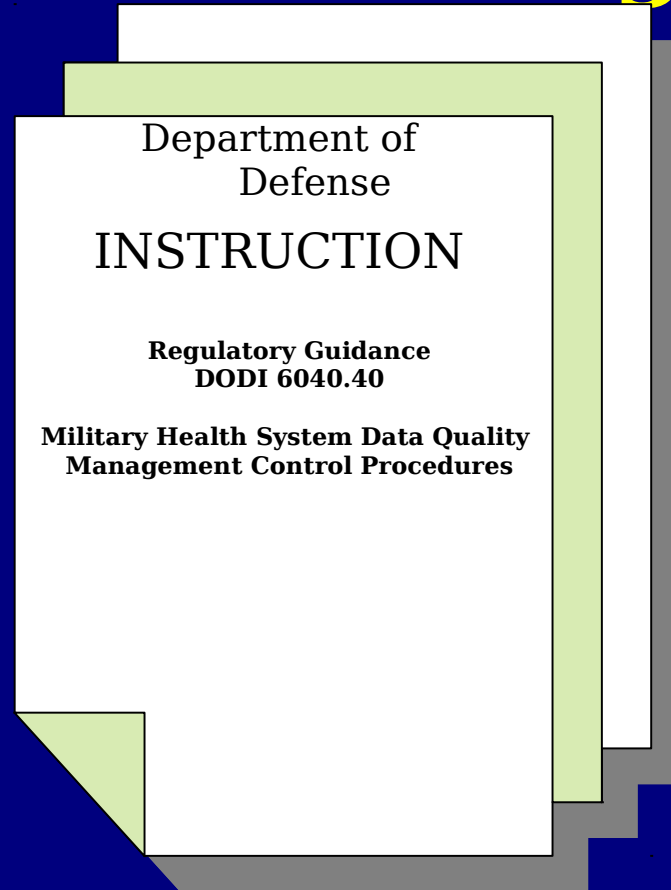




# MHS DQ Management Control



## Program - **Background**





# MHS DQ Management Control Program



## Background

- DoDIG identified material management control weakness for MHS - Directed development of data quality assurance and management control program.
- DoD Inspector General report concerning the FY98 retirement liability estimate.
- GAO Medicare subvention demonstration report.
- ASD(HA) concurred with DoDIG material management control weakness findings.
- ASD(HA) designated TMA Resource Management Steering Committee to oversee the development of an MHS DQ Management Control Program.





# MHS DQ Management Control Program *Background (Cont'd)*



- TMA Executive Director directed formation of a DQ integrated process team (IPT).
- Development of DQMC involved multiple working groups to include major system representatives.
- DoD comptroller, DoDIG, and GAO provided oversight in its development.
- Program has been staffed through the Services with substantial input from the field (Region 11



# MHS DQ Management Control Program

- **Data Quality Manager and Data Quality Assurance**

**Team.**

- **DQMC Review List** - Internal tool to assists MTFs

monthly in identifying and correcting financial and

clinical workload data problems. This list is prepared by

the Data Quality Manager and Data Quality Assurance

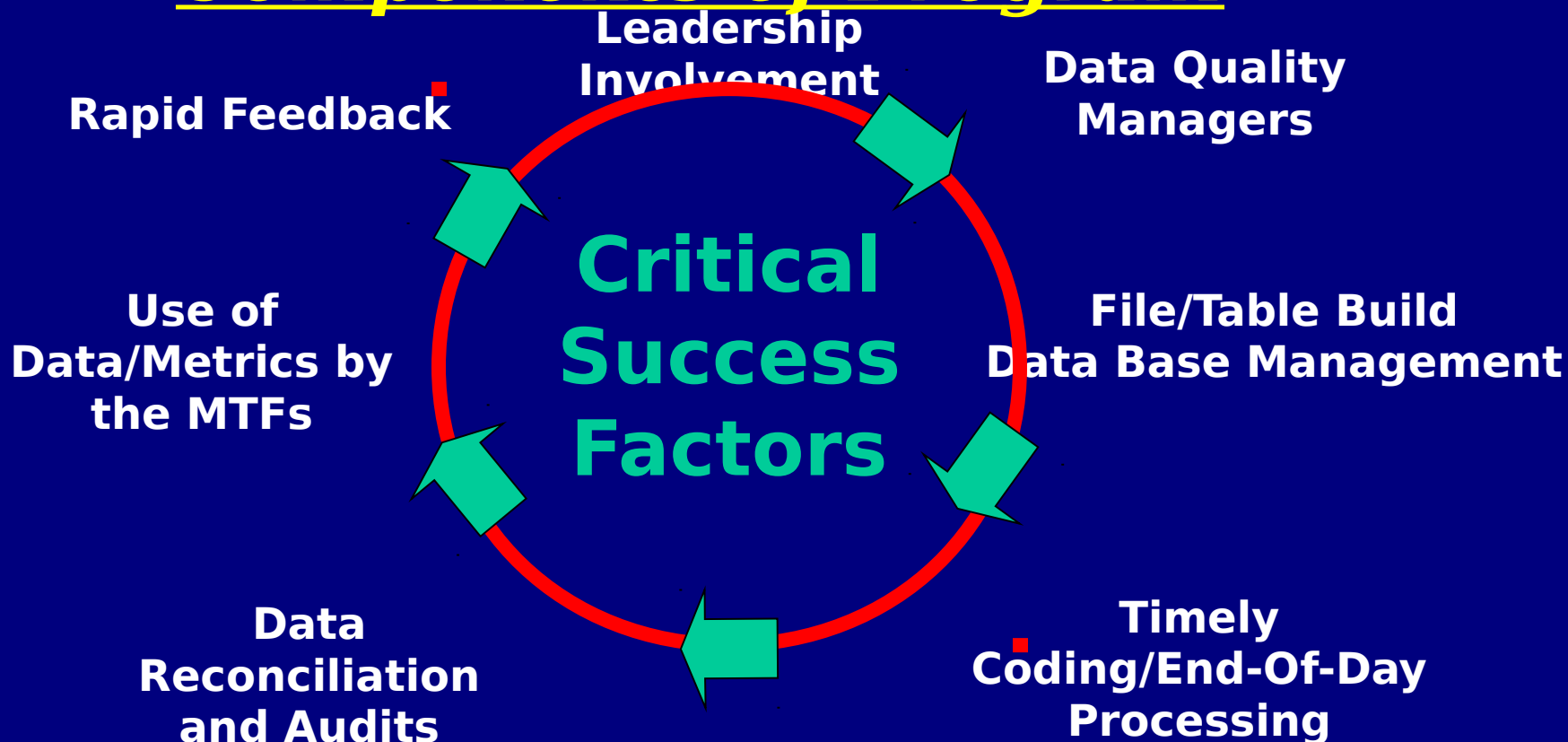
**Team.**

- **Commander's Monthly Data Quality Statement** Specific



# MHS DQ Management Control Program

## Components of Program





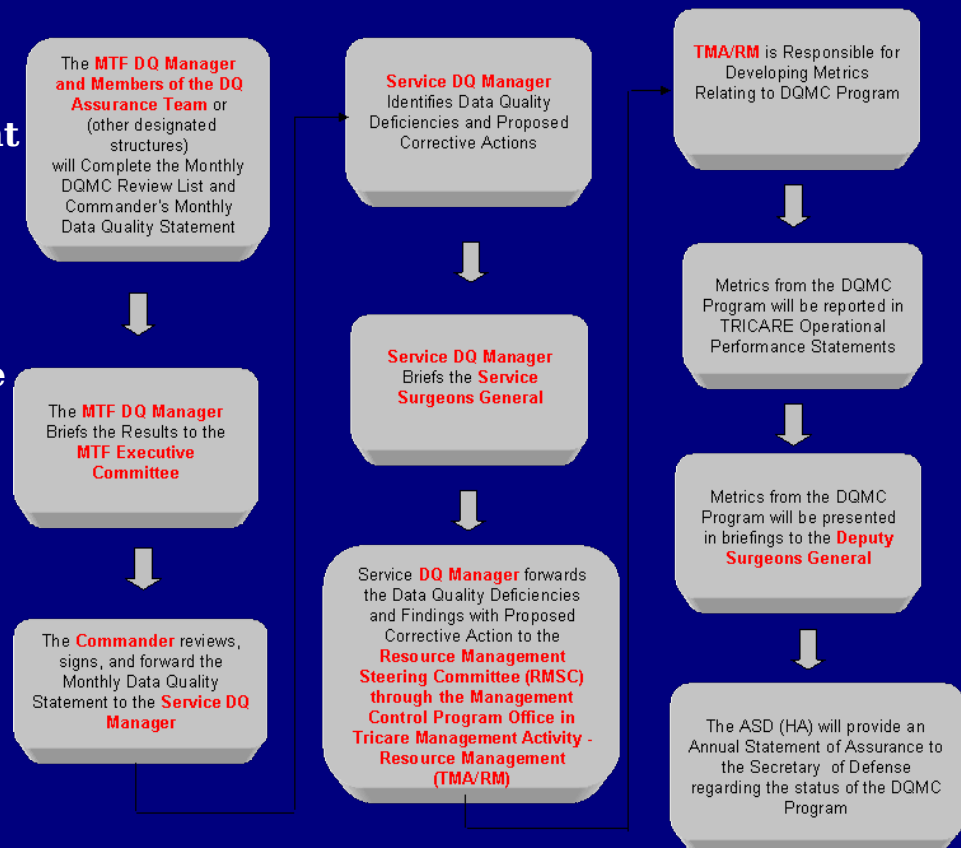
# MHS DQ Management Control Program



## Components of the Program?

- **Commander's Statements** are received from Services on the 10th of the month for the preceding month.
- A summary **"Barber Pole"** along with supporting charts are constructed for briefs to both the Resource Management Steering Committee on a monthly basis and TMA Senior Leadership and Service DSGs Quarterly.
- These charts along with an updated **"Hard Spots List"** are distributed to the Service DQMC POCs for their monthly meeting at TMA-MC&FS.
- **Service and TMA-Wide** issues are discussed and documented at these meetings.
- **Mr. David Fisher, Director of Management Controls & Financial Studies, Office of the CFO, TMA POC.**

The **Service DQ Manager** is responsible for consulting with the **MTF DQ Manager** to implement and monitor the DQMC program





# MHS DQ Management Control Program *Service Metrics FY2006*



- The following General Comments, “Barber Pole”, and Charts outline the summarized results of the Data Quality Commander’s Statements submitted by each Service for Nov 06 (Data Month Sep FY2006).
- Metric Standards (colors) are as follows:
  - Green - 95-100





# MHS DQ Management Control Program :



**How are we doing this year?**  
**See attached Excel Worksheets-Below is an example**

June 2006 (April (FY2006) Data Sources) DQMC Commander's Statement TMA Summary Sheet

NOTE: Where answer is yes or no, Y=1, N=0; where element asks for rate, enter actual rate.

Color Code: Green (95-100), Yellow (80-94), Red (79 and below)

	Percent Compliant				Percent Compliant				Percent Compliant				Percent Compliant				Percent Compliant				Percent Compliant				Percent Compliant			
	Dec-05	Dec-05	Dec-05	Dec-05	Jan-06	Jan-06	Jan-06	Jan-06	Feb-06	Feb-06	Feb-06	Feb-06	Mar-06	Mar-06	Mar-06	Mar-06	Apr-06	Apr-06	Apr-06	Apr-06	May-06	May-06	May-06	May-06	Jun-06	Jun-06	Jun-06	Jun-06
	Army	Air Force	Navy	Svc Avg	Army	Air Force	Navy	Svc Avg	Army	Air Force	Navy	Svc Avg	Army	Air Force	Navy	Svc Avg	Army	Air Force	Navy	Svc Avg	Army	Air Force	Navy	Svc Avg	Army	Air Force	Navy	Svc Avg
QUESTION KEY:																												
1. Adherence to requirements for daily end-of-day processing procedure by all clinics																												
a. Percentage of clinics in compliance																												
b. Percentage of appointments closed																												
2. IAW legal and medical coding practices have all the following occurred:																												
a. % of Outpt. Encounters (non-APV) coded within 3 business days of encounter																												
b. % of APVs coded within 15 days of encounter																												
c. % of Inpt records coded within 30 days after discharge																												
3. IAW with TMA policy, "Implementation of EAS/MEPRS Data Validation and Rec"																												
a. Monthly EAS/MEPRS financial reconciliation process was completed and validated																												
b. Monthly Inpt. and Outpt. EAS/MEPRS reconciliation processes completed/validated																												
c. Were the data load status, outlier/variance, WWR-EAS IV, & Alloc. Tabs in MEWACS reviewed and anomaly explanations given																												
4. Compliance with TMA or Service guidance for timely submission of data																												
a. MEPRS/EAS																												
b. SIDR/CHCS																												
c. WWR/CHCS																												
d. SADR/ADM																												
5. Outcome of monthly inpatient coding audit																												
a. Inpatient Records (DRG)																												
b. IBWA Rounds encounters audited and deemed correct																												
6. Outcome of monthly coding audits (# validated/# reviewed)																												
a. % of records available for audit (O.H.or C.O.)																												
b. % of E&M codes deemed correct																												
c. % of ICD9 codes deemed correct																												
d. % of CPT codes deemed correct																												
e. % of completed & current DD Form 2569s maintained in the record (Non-AD)																												
f. % of completed & current DD Form 2569s in medical records verified to be correct in Patient Insurance File																												
7. Outcome of monthly APV coding audits (# validated/# reviewed)																												
a. % of APV records available for audit (O.H.or C.O.)																												
b. % of E&M codes deemed correct (APV)																												
c. % of ICD9 codes deemed correct (APV)																												
d. % of CPT codes deemed correct (APV)																												
e. % of completed & current DD Form 2569s maintained in the APV record (Non-AD)																												
f. % of completed & current DD Form 2569s in medical records verified to be correct in Patient Insurance File																												
8. Comparison of reported workload data																												
a. # SADR/ WWR visits																												
b. # SIDR/ WWR dispositions																												
c. # EAS/ WWR visits																												
d. # EAS/ WWR dispositions																												
e. # IBWA SADR encounters (****) # SUM WWR bed days (Total Bed days + Dispositions)																												
f. % of completed & current DD Form 2569s in medical records verified to be correct in Patient Insurance File																												
9. I am aware of data quality issues identified by the DQMC Review list and when needed, have taken action to improve the data from my facility.																												





**MHS DQ Management  
Control  
Program -  
Inspections/External  
Audits**  
***DoDIG Results (Apr 01-  
Oct 01)***

**Report Signed 29 Aug 02**



# MHS DQ Management Control Program

## *DoDIG General Comments (01)*

- Overall indifference toward the program.
- Lack of communication and timely feedback to identify shortfalls in performance.
- Inadequate preparation and training of the DQ Team for completion of the Control Review List.
- Lack of monitoring to ensure proper



# **MHS DQ Management Control Program**

## **DoDIG MTF Specific Comments**



- Responses to the Commander's Statements and Control Review Lists are unreliable. Need audit/- validation of responses in the Commander's Statement/Review List.
- Lack of audit trail - no supporting documentation.
- Lack of accountability.
- Lack of training.



# MHS DQ Management Control Program



- Prevents DHP and OSD from receiving a “Clean Audit Opinion.”
- Puts future DHP funding in jeopardy.
- Puts Prospective Payment in jeopardy.
- Third Party Collections (TPC) placed in jeopardy.
- Jeopardizes remaining Managed Care Support contract BPAs/REAs.

- Jeopardizes MTF Accrual Financing



# MHS DQ Management Control Program *Management Plan (Jul 01)*



- DoDIG (Service Directs) - Memo signed 17 Oct 01
- Clarify DQMC Review List Questions. - Service initiative began work on 13 Jul 01 - Completed
- Training
  - Web-Based Solution - Enhance current DQ/DQMC Web-Site i.e. FAQs etc. - Completed
  - Current Quarterly Data Quality Training Class - Completed
- Compliance Monitoring (Service IG, IC,



# MHS DQ Management Control Program

Leverage Service Data Analysis Capability  
Management Plan (Cont'd)  
(Army

PASBA etc.) - Working/Discussed at DQMC Meeting

- “Low Hanging” Enhancements (e.g. CHCS Workload Accounting Enhancements, Automated Reporting) - Funded
- Investigate Coding Improvement initiatives - Working
- Continue EAS-IV Implementation Oversight - Working
- “Spread the Word” - Brief DQMC Program at



# MHS DQ Management Control Program

## *External Audit Results*



# MHS DQ Management Control Program

***Findings CY02***  
**Iowa Foundation - 50 sites,  
11,254 cases**

- Unavailability of records (47%).
- Specific encounter not found in 9% of the records.
- Coded incorrectly, 27%; 70% over coded, 30% under coded.
- Coded correctly, 17%.

**Advancemed - Similar results**

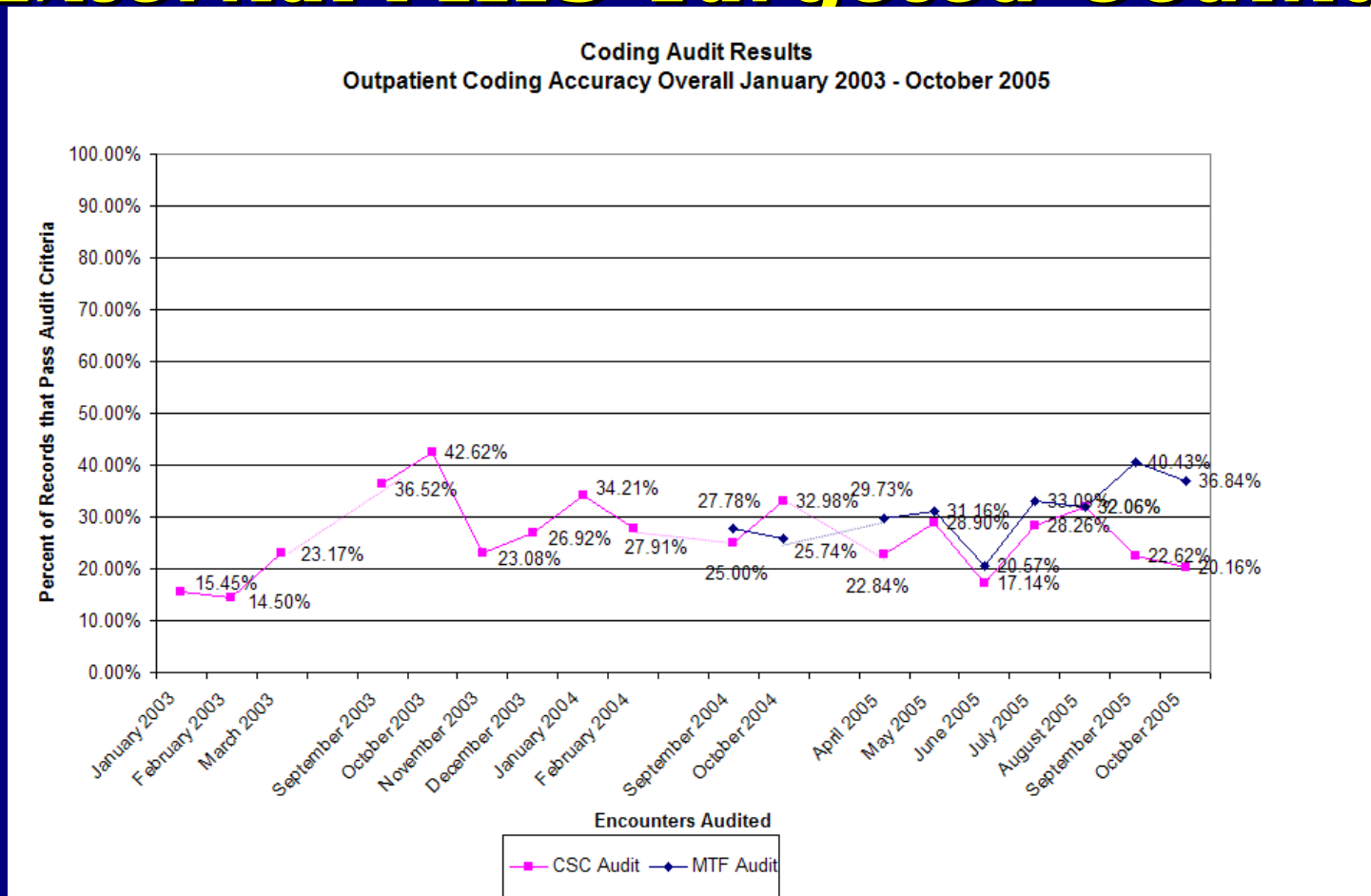




# MHS DQ Management Control Program :



## *External MHS Targeted Coding*

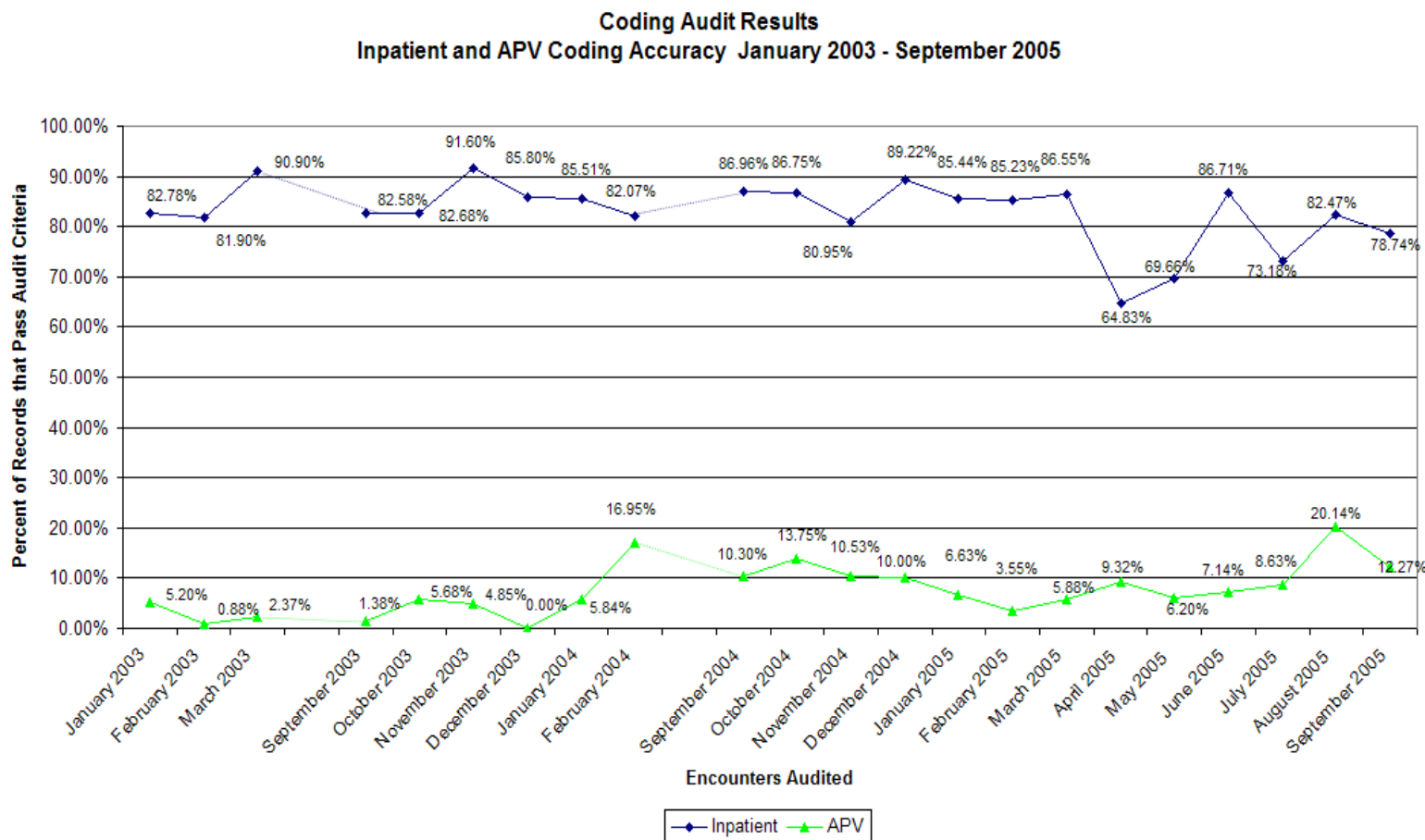




# MHS DQ Management



## Control Program : *External MHS Coding Audit*





# MHS DQ Management Control Program

- **AHLTA Implementation/Prospective Payment System**  
*Modalities 07 Plan*
- **Training (450 at DQ Course FY03 - YTD)**
  - 810+ briefed at 2003-2005 MEPRS Confs.
  - Taught Navy PAD, UBO/UBU Confs.
  - Mini MADI/M2 Primer Course
- **Annual Data Quality Commanders' Statement Update**
  - AHLTA, CCE, and DMHRSi added
  - Clarification of Coding Audit Criteria
  - Clarification of DD Form 2569 (OHI Questionnaire)
  - Electronic Health Record/Digital Signature
  - Inpatient Coding Question Expansion
  - Addition of AHLTA Penetration



# MHS DQ Management Control Program Service Data Quality



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[http://tricare.osd.mil/ocfo/mcfs/dqmcnp/metrics\\_reports.cfm](http://tricare.osd.mil/ocfo/mcfs/dqmcnp/metrics_reports.cfm)



# MHS DQ Management Control Program



## TMA DQ Website

OCFO : MC&FS : Data Quality Management Control Program (DQMCP) - Microsoft Internet Explorer provided by HA/TMA

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Address http://tricare.osd.mil/ocfo/mcfs/dqmcp.dfm

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References & Regulations  
Metrics & Reports  
Management Control  
Audit Reports  
Training

### Data Quality Management Control Program (DQMCP)

The Data Quality Management Control Program (DQMCP) workgroup reports to the MHS Resource Management Steering Committee (RMSC). The DQMCP team serves as the advisory body for developing and recommending the strategic direction for the RMSC in support of the MHS DQMCP and its associated Department of Defense Instruction (DoDI 6040.40). The DQMCP provides command oversight and recommended structure to improve the submission of complete, accurate and timely data and to assure uniformity and standardization of information across the MHS. The workgroup's responsibilities include:

- Identification of policy and information system shortfalls impacting the implementation of DoDI 6040.40 at the service and MTF level
- Coordinate with other MHS workgroups and TMA directorates as required to communicate shortfalls and provide recommended solutions
- Insure the Data Quality Review List and Commander's Statement (DoDI 6040.40) are updated to reflect policy changes and standards as required
- Serve as the point of contact for Government Accountability Office/Department of Defense Inspector General (GAO/DoDIG) and other external agencies on all DQMCP issues
- Provide oversight and support in conducting the MHS Data Quality Course and provide training and education on implementation of DoDI 6040.40

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WARNING: This is a Department of Defense (DoD) interest computer system. The Military Health System Web Site is the Official Web Presence of the Office of the Assistant Secretary of Defense (Health Affairs) and the TRICARE Management Activity.

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### DQMCP

#### Metrics & Reports

##### Current Month's Results

Current Service Summaries with TMA Summary and MTF Detail Trends

- MTF Results for April 2006  
[Data Quality - Army Summary](#) xls 225.5 KB
- MTF Results for April 2006  
[Data Quality - Navy Summary](#) xls 690.5 KB
- MTF Results for April 2006  
[Data Quality - Air Force Summary](#) xls 1466.0 KB
- TMA Results for April 2006  
[Data Quality - TMA Summary](#) xls 381.0 KB

##### Current year MTF Trends

FY2006 year-to-date MTF Detail Trends by Service

- MTF Detail Trends by Data Quality Commander's Statement Question  
[Data Quality Army Trends](#) xls 467.5 KB
- MTF Detail Trends by Data Quality Commander's Statement Question  
[Data Quality Navy Trends](#) xls 426.5 KB
- MTF Detail Trends by Data Quality Commander's Statement Question  
[Data Quality Air Force Trends](#) xls 592.5 KB

##### Prior Year MTF Trends

FY2005 year-to-date MTF Detail Trends by Service

- MTF Detail Trends by Data Quality Commander's Statement Question  
[Data Quality Army Trends](#) XLS 356kb

http://tricare.osd.mil/ocfo/mcfs/fin\_studies.dfm

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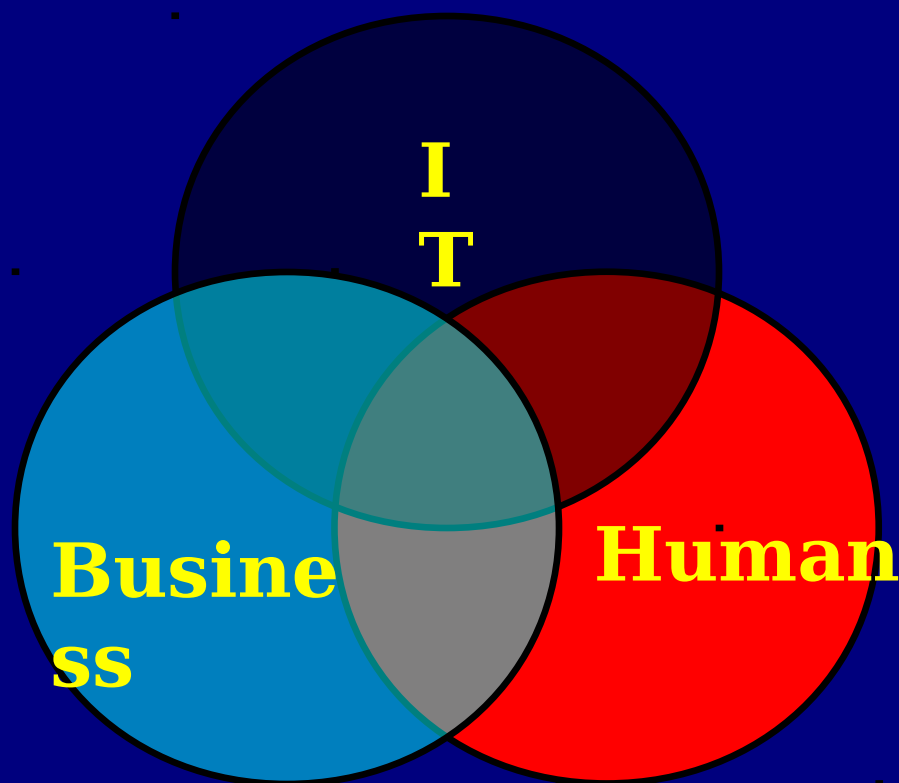
# MHS DQ Management Control Program



- Availability of records provide the communications link between providers; continuity of care.
- Record/coding provides evidence of treatment, supports budget, reimbursement, billing.
- Record/coding supports training and education.
- Record/coding facilitates quality assurance processes.



# An Ongoing Challenge





# MHS DQ Management Control Program

## *How Can You Help*

- Brief ~~medical staff on command data.~~
- Executive Steering Comm
- Department and Division
- Develop Dashboards.
- Provide feedback to staff.
- Be well-read/knowledgeable in data quality.
  - Reporting
  - Analysis







# Questions?

